

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. _____

318

Primary Registration District No. 1003

Registrar's No.

8054

63-034097

STATE FILE NUMBER

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ON THIS STUB**

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DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|--|--|-----------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN Ferguson | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital | | d. STREET ADDRESS (If outside, give location) #4 Estates Ct., | |
| 3. NAME OF DECEASED (Type or print) First Middle Last VIRGIL RALPH SCOTT | | 4. DATE OF DEATH Month Day Year August 6 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1/21/06 |
| 9. AGE (last birthday) 57 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor | |
| 11. BIRTHPLACE (City and state or country) Summerville Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Earl Scott | | 13b. MOTHER'S MAIDEN NAME Lottie Hall | |
| 14. NAME OF HUSBAND OR WIFE Alice Scott | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) W Yes WW #2 | |
| 16. SOCIAL SECURITY NO. [redacted] | | 17. INFORMANT Mrs. Alice Scott-Ferguson, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism; Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture of Left Femur; suffered in fall from DUE TO (c) [redacted] at DePaul Hospital on or about July 25 th 1963. | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Accident 902.0-21 | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above | |
| 20c. TIME OF INJURY Hour a.m. p.m. 7-15-63 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital 06 | | 20f. CITY, TOWN, OR LOCATION St. Louis, Mo | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 220 P. _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Paul Simon | | 22b. ADDRESS 1300 Clark | |
| 22c. DATE 8/9/63 | | 22d. SIGNATURE Earl Smith, M.D. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 8/9/63 | |
| 23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery | | 23d. LOCATION (City, town, or county) St. Louis County, Mo. | |
| 24. FUNERAL DIRECTOR WHITE-MULLEN INC. FERGUSON, MISSOURI | | 25. DATE RECD. BY LOCAL REG. AUG 8 1963 | |
| 26. REGISTRAR'S SIGNATURE | | 27. REGISTRAR'S SIGNATURE | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address St Louis 35 MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.